

INNOVATIONS OF NIC INDUSTRIES, INC.

Cerakote Prismatic Powders 7050 6th Street White City, OR 97503 USA

cerakote.com prismaticpowders.com

P 541.826.1922F 541.830.6520

E accountsreceivable @nicindustries.com

BUSINESS/PERSONAL APPLICATION FOR CREDI BE SURE TO SIGN WHERE APPLICABLE

Applicant Name:				
Address:				
City:	State:	Zip:		
Phone Number:	Fax Number:			
Email:	Website:			
COMPANY INFORMATION				
□ Sole Proprietor/Individual □ Co	prporation 🗌 LLC 🗌 Par	rtnership 🗌 Other		
If Applicant is a Sole Proprietor/Individual, please provide the following information:				
Social Security Number:				
If Applicant is a Corporation, LLC, Partnership or ot	her form of business entity, please provide the f	following information:		
Federal Employer Identification Number:				
Year Established:	In the State of:			
State Tax ID Number:	Purchasing Agent	t:		
Names and Titles of Officers: (Identity of Presid	lent/Secretary for corporation. Members/Managers for	r LLC, Partners, etc.)		
OFFICER	TITLE			
OFFICER	TITLE			

TRADE REFERENCES

(Your Industrial Suppliers/Net 30 Account) Please complete all information requested. All references are contacted by mail or faxed (if possible). A minimum of three; including your bank institution must reply before an account can be evaluated. Please allow 2-3 weeks to process.

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone: Fax/Email:	Phone: Fax/Email:
Account #:	Account #:
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone: Fax/Email:	Phone: Fax/Email:
Account #:	Account #:
BANKING INSTITUTION	
Bank Name:	Bank Representative:
Address:	City/State/Zip:
Telephone:	Fax:
THE SIGNER WARRANTS (Required if applicant is a Corporation, LLC,	, Partnership or other. Not required if applicant is Sole Proprietor/Individual.)
If the foregoing credit application is made by a corporation or a limited liability company, we, the undersigned, being officers and/or directors (if applicant is a corporation) or members (if applicant is an LLC), hereby represent and warrant to NIC Industries, Inc. that: (a) the applicant has all necessary power and authority to enter into this credit application; (b) the execution and delivery of this application has been duly authorized by	all necessary corporate action on the part of applicant; (c) the application has been duly executed and delivered by and on behalf of the applicant and constitutes the valid and binding agreement of the applicant, enforceable against the applicant in accordance with its terms except to the extent such enforceability may be limited by bankruptcy, insolvency, moratorium and other similar laws affecting creditors' rights generally.
Officer: Title:	Date:
ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL Please remember to sign — Unsigned Applications will not be considered. TERMS OF SALE COLLECTIONS	

Our terms of sale are net 30 days from invoice billing date.

Past due amounts are assessed a late charge of 2% per month or the

maximum amount authorized by

law, whichever is greater.

In the event that any account is not paid when due, and the account is referred by any of our company divisions to a collection agency; attorney; or any other individual or entity serving in that capacity, and thereafter the account is paid, the applicant agrees that the applicant will pay, in addition to the balance of the account, an amount equal to the reasonable collection fee charged any of our company divisions by the collecting entity, attorney, or individual or adjudged by the court as reasonable attorney's fees and costs be allowed the plaintiff in suit or action, and if an appeal is taken, the applicant further promises to pay such sums as the appellate court shall adjudge reasonable as if any suit is brought to enforce any part of the terms of sale herein, venue of said suit of action shall be in the appropriate trial court of the county of Jackson, State of Oregon.

Applicant hereby acknowledges that Applicant has read and accepts the terms and conditions of sale.

Full Name of Applicant

Date

PAST DUE

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Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone: Fax/Email:	Phone: Fax/Email:
Account #:	Account #:
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
, .	Phone: Fax/Email:
Account #:	Account #:

BANKING INSTITUTION

Banking Account #:	
Bank Name:	Bank Representative:
Address:	City/State/Zip:
	Fax:

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Applicant Hereby Acknowledges the he has read and accepts the terms and conditions of sale.

Full Name of Company	Date
Signed By Company Representative	Title